

AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

Please amend claims 101, 111, 112, 118 and 119 as follows.

Listing of Claims:

1-52. (Cancelled)

53. (Previously Presented) A method for providing a user with a customized healthcare services insurance package, comprising:

receiving a personal information data regarding a user, wherein the personal information data comprises a user identifier and a financial parameter;

forwarding information regarding a plurality of healthcare service providers;

receiving a selection of a healthcare services panel comprising at least one of the healthcare service providers;

using a computer system to determine a healthcare services insurance package based on a user's selection and the financial parameter; and

forwarding a description of the determined healthcare services insurance package, said description including a proposed periodic payment for purchasing said determined healthcare services insurance package.

54. (Previously Presented) The method of claim 53 wherein said user is an individual for whom said insurance is to be provided.

55. (Previously Presented) The method of claim 53, wherein the personal information data further comprises a sponsor identifier.

56. (Previously Presented) The method of claim 55, wherein the sponsor identifier identifies an employer of the user.

57. (Previously Presented) The method of claim 53, wherein the financial parameter comprises an amount of healthcare benefits available from the employer.

58. (Previously Presented) The method of claim 53, wherein the sponsor identifier identifies a healthcare administration company associated with the user.

59. (Previously Presented) The method of claim 53, wherein the financial parameter comprises an amount of healthcare benefits available from the healthcare administration company associated with the user.

60. (Previously Presented) The method of claim 55, wherein the sponsor identifier identifies the user.

61. (Previously Presented) The method of claim 53, wherein the financial parameter comprises an amount of healthcare costs identified by the user.

62. (Previously Presented) The method of claim 53, wherein the financial parameter represents that the user is soliciting price estimates.

63. (Previously Presented) The method of claim 53, further comprising receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on the anchor provider.

64. (Previously Presented) The method of claim 53, further comprising receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on a predefined criteria associated with the anchor provider.

65. (Previously Presented) The method of claim 64, wherein the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

66. (Previously Presented) The method of claim 53, further comprising receiving a selection of a predefined criteria from the user wherein the list is provided to the user based on the predefined criteria.

67. (Previously Presented) The method of claim 66, wherein the predefined criteria comprises one of the group consisting of: price, ratings, ranking, location, time, distance and hospital affiliation.

68. (Previously Presented) The method of claim 53, wherein the personal information data further comprises an identification of a plurality of individuals to be associated with the healthcare services package.

69. (Previously Presented) The method of claim 53, wherein a healthcare services panel is selected by the user for each of the plurality of individuals, and wherein the healthcare services package is further determined based on the healthcare services panel of each of the plurality of individuals.

70. (Previously Presented) The method of claim 53, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein determining the healthcare services insurance package further comprises:

aggregating the costs of healthcare service providers on the healthcare services panel;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;

calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

71. (Previously Presented) The method of claim 70, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein determining the healthcare services package further comprises:

aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

72. (Previously Presented) The method of claim 71, wherein the personal information data further comprises an amount of deductible on an umbrella policy, and wherein determining the healthcare services package is further based on the amount of deductible.

73. (Previously Presented) The method of claim 72, wherein the personal information data further comprises an amount of deductible on an umbrella policy for each individual, and wherein determining the healthcare services insurance package is further based on the amounts of deductible.

74. (Previously Presented) The method of claim 53 wherein the financial parameter comprises a co-payment amount for each selected provider.

75. (Previously Presented) The method of claim 53 further comprising said forwarding information comprises forwarding information to said user.

76. (Previously Presented) The method of claim 53 wherein said receiving a selection of a healthcare services panel comprising at least one of the healthcare service providers and said receiving personal information data regarding a user, wherein the personal information data comprises a user identified and a financial parameter, further comprises:

receiving a selection from said user of a co-payment for each of said healthcare service providers;

wherein said healthcare services insurance package and said proposed periodic payment is determined based on said selected co-payments.

77. (Previously Presented) A computerized system for providing a user with a customized healthcare services insurance package, comprising:

a memory device; and

a processor disposed in communication with said memory device, said processor configured for:

receiving a personal information data regarding a user, wherein the personal information data comprises a user identifier and a financial parameter;

forwarding information regarding a plurality of healthcare service providers;
receiving a selection of a healthcare services panel comprising at least one of the
healthcare service providers;

using a computer system to determine a healthcare services insurance package
based on a user's selection and the financial parameter; and

forwarding a description of the determined healthcare services insurance package,
said description including a proposed periodic payment for purchasing said determined
healthcare services insurance package.

78. (Previously Presented) The system of claim 77 wherein said user is an individual
for whom said insurance is to be provided.

79. (Previously Presented) The system of claim 77, wherein the personal information
data further comprises a sponsor identifier.

80. (Previously Presented) The system of claim 79, wherein the sponsor identifier
identifies an employer of the user.

81. (Previously Presented) The system of claim 77, wherein the financial parameter
comprises an amount of healthcare benefits available from the employer.

82. (Previously Presented) The system of claim 77, wherein the sponsor identifier
identifies a healthcare administration company associated with the user.

83. (Previously Presented) The system of claim 77, wherein the financial parameter
comprises an amount of healthcare benefits available from the healthcare administration
company associated with the user.

84. (Previously Presented) The system of claim 79, wherein the sponsor identifier
identifies the user.

85. (Previously Presented) The system of claim 77, wherein the financial parameter comprises an amount of healthcare costs identified by the user.

86. (Previously Presented) The system of claim 77, wherein the financial parameter represents that the user is soliciting price estimates.

87. (Previously Presented) The system of claim 77, further comprising receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on the anchor provider.

88. (Previously Presented) The system of claim 77, further comprising receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on a predefined criteria associated with the anchor provider.

89. (Previously Presented) The system of claim 88, wherein the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

90. (Previously Presented) The system of claim 77, further comprising receiving a selection of a predefined criteria from the user wherein the list is provided to the user based on the predefined criteria.

91. (Previously Presented) The system of claim 90, wherein the predefined criteria comprises one of the group consisting of: price, ratings, ranking, location, time, distance and hospital affiliation.

92. (Previously Presented) The system of claim 77, wherein the personal information data further comprises an identification of a plurality of individuals to be associated with the healthcare services package.

93. (Previously Presented) The system of claim 77, wherein a healthcare services panel is selected by the user for each of the plurality of individuals, and wherein the healthcare services package is further determined based on the healthcare services panel of each of the plurality of individuals.

94. (Previously Presented) The system of claim 77, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein determining the healthcare services insurance package further comprises:

aggregating the costs of healthcare service providers on the healthcare services panel;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;

calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

95. (Previously Presented) The system of claim 94, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and wherein determining the healthcare services package further comprises:

aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

96. (Previously Presented) The system of claim 95, wherein the personal information data further comprises an amount of deductible on an umbrella policy, and wherein determining the healthcare services package is further based on the amount of deductible.

97. (Previously Presented) The system of claim 96, wherein the personal information data further comprises an amount of deductible on an umbrella policy for each individual, and wherein determining the healthcare services insurance package is further based on the amounts of deductible.

98. (Previously Presented) The system of claim 77 wherein the financial parameter comprises a co-payment amount for each selected provider.

99. (Previously Presented) The system of claim 77 further comprising said forwarding information comprises forwarding information to said user.

100. (Previously Presented) The system of claim 77 wherein said receiving a selection of a healthcare services panel comprising at least one of the healthcare service providers and said receiving personal information data regarding a user, wherein the personal information data comprises a user identified and a financial parameter, further comprises:

receiving a selection from said user of a co-payment for each of said healthcare service providers;

wherein said healthcare services insurance package and said proposed periodic payment is determined based on said selected co-payments.

101. (Currently Amended) A ~~computer-readable~~ processor-accessible medium ~~comprising computer-readable code~~ for providing a user with a customized healthcare services insurance package, comprising ~~code for~~:

processor readable instructions stored in the processor-accessible medium, wherein the processor readable instructions are issuable by a processor for:

receiving a personal information data regarding a user, wherein the personal information data comprises a user identifier and a financial parameter;

forwarding information regarding a plurality of healthcare service providers;

receiving a selection of a healthcare services panel comprising at least one of the healthcare service providers;

using a computer system to determine a healthcare services insurance package based on a user's selection and the financial parameter; and

forwarding a description of the determined healthcare services insurance package, said description including a proposed periodic payment for purchasing said determined healthcare services insurance package.

102. (Previously Presented) The medium of claim 101 wherein said user is an individual for whom said insurance is to be provided.

103. (Previously Presented) The medium of claim 101, wherein the personal information data further comprises a sponsor identifier.

104. (Previously Presented) The medium of claim 103, wherein the sponsor identifier identifies an employer of the user.

105. (Previously Presented) The medium of claim 101, wherein the financial parameter comprises an amount of healthcare benefits available from the employer.

106. (Previously Presented) The medium of claim 101, wherein the sponsor identifier identifies a healthcare administration company associated with the user.

107. (Previously Presented) The medium of claim 101, wherein the financial parameter comprises an amount of healthcare benefits available from the healthcare administration company associated with the user.

108. (Previously Presented) The medium of claim 103, wherein the sponsor identifier identifies the user.

109. (Previously Presented) The medium of claim 101, wherein the financial parameter comprises an amount of healthcare costs identified by the user.

110. (Previously Presented) The medium of claim 101, wherein the financial parameter represents that the user is soliciting price estimates.

111. (Currently Amended) The medium of claim 101, further comprising ~~code for~~ receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on the anchor provider.

112. (Currently Amended) The medium of claim 101, further comprising ~~code for~~ receiving a selection of an anchor provider by the user, wherein the list is provided to the user based on a predefined criteria associated with the anchor provider.

113. (Previously Presented) The medium of claim 112, wherein the predefined criteria comprises one of the group consisting of: price, quality, ratings, ranking, location, time, distance and hospital affiliation.

114. (Currently Amended) The medium of claim 101, further comprising ~~code for~~ receiving a selection of a predefined criteria from the user wherein the list is provided to the user based on the predefined criteria.

115. (Previously Presented) The medium of claim 114, wherein the predefined criteria comprises one of the group consisting of: price, ratings, ranking, location, time, distance and hospital affiliation.

116. (Previously Presented) The medium of claim 101, wherein the personal information data further comprises an identification of a plurality of individuals to be associated with the healthcare services package.

117. (Previously Presented) The medium of claim 101, wherein a healthcare services panel is selected by the user for each of the plurality of individuals, and wherein the healthcare services package is further determined based on the healthcare services panel of each of the plurality of individuals.

118. (Currently Amended) The medium of claim 101, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and ~~wherein code for determining the healthcare services insurance package further comprises code for~~ further comprising:

aggregating the costs of healthcare service providers on the healthcare services panel;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel;

calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

119. (Currently Amended) The medium of claim 118, wherein each healthcare service provider is associated with an individual cost and an umbrella policy credit and the personal information data further comprises an uncredited umbrella policy cost, and ~~wherein code for determining the healthcare services package further comprises code for~~ further comprising:

aggregating the individual costs of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

aggregating the umbrella policy credits of each healthcare service provider on the healthcare services panel of each of the plurality of individuals;

calculating a difference between the uncredited umbrella policy cost and the aggregated amount of umbrella policy credits, wherein the difference represents a credited umbrella policy cost; and

determining the healthcare services insurance package based on a sum of the aggregated costs and the credited umbrella policy cost.

120. (Previously Presented) The medium of claim 119, wherein the personal information data further comprises an amount of deductible on an umbrella policy, and wherein determining the healthcare services package is further based on the amount of deductible.

121. (Previously Presented) The medium of claim 120, wherein the personal information data further comprises an amount of deductible on an umbrella policy for each individual, and wherein determining the healthcare services insurance package is further based on the amounts of deductible.

122. (Previously Presented) The medium of claim 101 wherein the financial parameter comprises a co-payment amount for each selected provider.

123. (Previously Presented) The medium of claim 101 further comprising said forwarding information comprises forwarding information to said user.

124. (Previously Presented) The medium of claim 101 wherein said receiving a selection of a healthcare services panel comprising at least one of the healthcare service providers and said receiving personal information data regarding a user, wherein the personal information data comprises a user identified and a financial parameter, further comprises:

receiving a selection from said user of a co-payment for each of said healthcare service providers;

wherein said healthcare services insurance package and said proposed periodic payment is determined based on said selected co-payments.